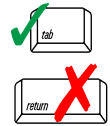




**Massachusetts Department of Environmental Protection**  
**Bureau of Waste Prevention – Solid Waste Program**  
**BWP SW 48**  
**Third-Party Inspector Qualifications Statement**

**Important:** When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.



**Important Notes** (See also the Instructions & Supporting Materials for BWP SW 48.)

- Use this form to register as a Third Party Inspector (TPI) of solid waste facilities in accordance with 19.018(5)(b). MassDEP relies on the information you provide in this qualification statement. You have the burden to demonstrate that you meet TPI requirements. Check the category for which you are registering and complete the specified sections of this form.
- ☐ **Waste Ban Inspector** – Complete Sections A, B, C, E & F.    ☐ **Operation & Maintenance Inspector** – Complete Sections A, B, D, E & F.
- When completing Section A, provide the contact information you would like listed on the MassDEP web site.
  - If you are a state-licensed professional engineer, sanitarian, site professional or asbestos inspector and your status changes (e.g. your license is suspended or lapses), you are required to submit a new TPI Qualifications Statement.

**A. Contact Information as it will Appear in MassDEP Records** (please print legibly)

First Name _____		Last Name _____	
Company Name (if Applicable) _____			
Address _____			
City/Town _____		State _____	ZIP Code _____
Email Address _____	Telephone Number _____		<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Office

**B. All Third-Party Inspectors**

- ☐ Check this box to state that you have an in-depth knowledge and understanding of solid waste management laws, regulations and requirements applicable to the specific type(s) of third-party inspections that you want to be registered to conduct, as demonstrated through the combination of education, training and experience identified on this completed form.

**C. Third-Party Waste Ban Inspector Qualifications**

To be listed as registered Third-Party Waste Ban Inspector, you must have completed the MassDEP waste ban training course.

- ☐ I attended this course on: \_\_\_\_\_  
Date (MM/DD/YYYY)
- ☐ I plan to attend but have not yet been able to register.

**D. Third-Party Operation & Maintenance (O&M) Inspector Qualifications**

- ☐ To be listed as a registered Third-Party O&M Inspector, check this box and complete items 1, 2 or 3 of this section, as appropriate. To be qualified to perform inspections of construction and demolition (C&D) waste handling facilities, you must also complete item 4 of this section.

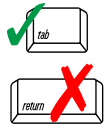
**1. Professional Registrations & Licenses** (Complete a, b and/or c as appropriate and complete d)

a. <input type="checkbox"/> Massachusetts Registered Professional Engineer (P.E.)	License Number _____	Date Expires (MM/DD/YYYY) _____	License suspended or otherwise not in effect? <input type="checkbox"/> Yes <input type="checkbox"/> No
b. <input type="checkbox"/> Massachusetts Registered Sanitarian	License Number _____	Date Expires (MM/DD/YYYY) _____	License suspended or otherwise not in effect? <input type="checkbox"/> Yes <input type="checkbox"/> No
c. <input type="checkbox"/> Massachusetts Licensed Site Professional (LSP)	License Number _____	Date Expires (MM/DD/YYYY) _____	License suspended or otherwise not in effect? <input type="checkbox"/> Yes <input type="checkbox"/> No



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**D. Third-Party Operation & Maintenance (O&M) Inspector Qualifications** (continued)

**1. Professional Registrations & Experience** (Continued: complete d)

- d. ☐ I state that I have three (3) or more years of full-time professional experience, or part-time equivalent, as further detailed in Section E: Experience & Other Relevant Credentials.

**2. Bachelor's Degree - Engineering or a Physical or Biological Science** (Complete both a & b)

- a. ☐ \_\_\_\_\_  
Institution Degree Earned Year Earned Concentration/Discipline
- b. ☐ I state that I have three (3) or more years of full-time professional experience, or part-time equivalent, as further detailed in Section E: Experience & Other Relevant Credentials.

**3. Bachelor's Degree - Other Discipline** (Complete both a & b)

- a. ☐ \_\_\_\_\_  
Institution Degree Earned Year Earned Concentration/Discipline
- b. ☐ I state that I have five (5) or more years of full-time professional experience, or part-time equivalent, as further detailed in Section E: Experience & Other Relevant Credentials.

**4. Licensed Asbestos Inspector** (Complete if you want to be listed as a third-party inspector of C&D facilities)

- ☐ Massachusetts Department of Labor Standards Asbestos Inspector License \_\_\_\_\_  
License Number Date Expires (MM/DD/YYYY) License suspended or otherwise not in effect? ☐ Yes ☐ No

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**E. Experience & Other Relevant Credentials**

Complete the Summary of Experience table to describe your experience in the following areas of the solid waste management field:

- Managing a solid waste facility;
- Designing or engineering solid waste facilities;
- Inspecting solid waste facilities; or
- Other solid waste experience regarding the operation or management of solid waste facilities.

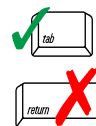
Describe your projects and responsibilities on Page 3 with sufficient information to demonstrate that you have the requisite experience. Include the name and current contact information of the appropriate immediate supervisor. Also complete the "Other Relevant Credentials" table on Page 4 with any information you believe is pertinent to demonstrate your qualifications to conduct third party inspections.

**Continue to Page 3 ►**



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**E. Experience & Other Relevant Credentials** (continued)

**Summary of Experience**

Facility/Employer	Dates	Duration	Type of Experience
<div>Organization</div> <div>Work Location</div> <div>Contact Name</div> <div>Telephone</div>	<div>MM/YYYY</div> to <div>MM/YYYY</div>	<div># Months</div>	<div></div> <div></div> <div></div> <div></div>
<div>Organization</div> <div>Work Location</div> <div>Contact Name</div> <div>Telephone</div>	<div>MM/YYYY</div> to <div>MM/YYYY</div>	<div># Months</div>	<div></div> <div></div> <div></div> <div></div>
<div>Organization</div> <div>Work Location</div> <div>Contact Name</div> <div>Telephone</div>	<div>MM/YYYY</div> to <div>MM/YYYY</div>	<div># Months</div>	<div></div> <div></div> <div></div> <div></div>
<div>Organization</div> <div>Work Location</div> <div>Contact Name</div> <div>Telephone</div>	<div>MM/YYYY</div> to <div>MM/YYYY</div>	<div># Months</div>	<div></div> <div></div> <div></div> <div></div>
<div>Organization</div> <div>Work Location</div> <div>Contact Name</div> <div>Telephone</div>	<div>MM/YYYY</div> to <div>MM/YYYY</div>	<div># Months</div>	<div></div> <div></div> <div></div> <div></div>
		<div><b>Total</b></div> <div># Months</div>	

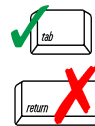
If you need additional room, you may attach a one-page resume, summarizing your experience.

**Continue to Page 4 ►**



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**BWP SW 48**  
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**E. Experience & Other Relevant Credentials** (continued)

**Other Relevant Credentials**  
(Professional Licenses, Certifications, Training, Etc.)

Description	Date Completed
	MM/DD/YYYY
	MM/DD/YYYY
	MM/DD/YYYY
	MM/DD/YYYY
	MM/DD/YYYY

**F. Certification**

"I attest under the pains and penalties of perjury that:

- I have personally examined and am familiar with the information contained in this submittal, including any and all documents accompanying this certification statement;
- the information contained in this submittal is, to the best of my knowledge, true, accurate, and complete;
- I will:
  - personally conduct and complete third-party inspections in accordance with the performance standards in 310 CMR 19.018(6) through (7);
  - prepare accurate and complete third-party inspection reports in accordance with the performance standards in 310 CMR 19.018(6) through (7) and submit third-party inspection reports to facility owners and operators in accordance with the requirements of 310 CMR 19.018(8);
  - not make any false, inaccurate, incomplete or misleading statements in any third-party inspection report; and
  - file with the Department an updated qualifications statement within 30 days when there is a change in my licensure status or professional standing; and
- I am aware that there are significant penalties, including, but not limited to, possible administrative and civil penalties for submitting false, inaccurate, or incomplete information and possible fines and imprisonment for knowingly submitting false, inaccurate, or incomplete information."

Signature

Printed Name

Date (MM/DD/YYYY)